



IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

LIGY KURIAN ET AL.

Confirmation No.: 6120

Application No.: 09/639,960

Examiner: CALLAHAN, PAUL

Filing Date: 08/16/2000

Group Art Unit: 2137

Title: WIRELESS COMMUNICATION SYSTEM UTILIZING ANTENNA DONGLE

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES

Sir,

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, 01/13/2005, rejecting the following claims 1-9, 11-15, 17-28, 31-33.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$500.00.

(complete (a) or (b) as applicable)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136(a) apply.

(X) (a) Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for the total number of months checked below:

(X) one month	\$120.00
() two months	\$450.00
() three months	\$1020.00
() four months	\$1590.00

() The extension fee has already been filed in this application.

() (b) Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Please charge to Deposit Account 08-2025 the sum of \$620.00. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

(X) I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450. Date of Deposit: 05/02/2005

05/19/2005 KWHITSON 00000003 08/16/2000

01 FC:1201 I hereby certify that this paper is being transmitted to the Patent and Trademark Office facsimile number _____ on _____

Number of pages:

Typed Name: TAIT R. SWANSON

Signature:

Rev 12/04 (Notice of Appeal)

Respectfully submitted,

LIGY KURIAN ET AL.

By

TAIT R. SWANSON

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05/06/2005 MAILED 00000031 08/20/05 09/16/2005
05/19/2005 KWHITSON 00000003 08/20/05 09/16/2005
01 FC:1401 500.00 DA 300.00 DA
100-3-1201

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9/639960

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	30 minus 20 =	10
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	30	20	10
Independent	4	3	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	RATE	FEE
	345.00		690.00
X\$ 9=		X\$18=	180 ⁰⁰
X39=		X78=	78 ⁰⁰
+130=		+260=	
TOTAL		TOTAL	948 ⁰⁰

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	180 ⁰⁰
X39=		X78=	78 ⁰⁰
+130=		+260=	
TOTAL		TOTAL	948 ⁰⁰

5/5/05

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	28	30	
Independent	5	4	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	200
+130=		+260=	
TOTAL		TOTAL	200

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL		TOTAL	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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